



# Nebraska WIC Program

## 1. What does WIC look like in your state?

- Administered by the Nebraska Dept. of Health and Human Services
- Fourteen local agencies
- 113 clinics
- About 44,500 participants as of 1/08

## 2. What is your state structure?

- Department of Health and Human Services (DHHS)
- Division of Public Health
- Lifespan Health Services Unit
- WIC Program
- 14 WIC local agencies considered subgrantees to DHHS
- Eleven State Staff
  - Program Manager
  - Six Program Specialists (All RDs)
    - Vendor Management, Nutrition and BF, Foods/Formulas/Checks, Administration, Clinic Services, Training etc.
  - Two Support Staff
  - Two IT Staff—Assigned to WIC

## 3. What is your local structure? Regions, Counties, satellite clinics, staffing ratios

- Fourteen local agencies
  - 5 Community Action Agencies
  - 4 Local Health Depts.
  - 3 WIC/Family Planning Agencies
  - 1 Family Service Association
  - 1 Hospital
- Service areas defined by counties (ranges from 1 to 16 counties/service area) —NE has 93 counties
- Agency caseloads range from 725 to 16,000
- Clinic sizes range from about 30 to 4,000, most are 100-300
- 26 stationary clinics and 87 satellite clinics
- Staffing ratios hard to define; using total FTEs:participation; average is 1:292 (med.=1:277); ranges from 1:126 to 1:401

## 4. Funding formula to the local clinics. What is provided by the state office (supplies, forms, computers, services) vs provided by the local contracting agency.

### Funding Formula

- Contains components for 1) Base Funding, 2) Growth Funding (optional), 3) Incentive Awards (optional), 4) Discretionary funding (optional), 5) Reallocations (optional)
- Routinely use Base funding, Discretionary funding and Reallocations
- Base funding based on highest single month caseload from prior FFY

- Per participant amount provided
- Grouped into 4 “bands”—based on caseload ranges
- Band Amount x Caseload x 12 = Base funding (e.g. \$14.00 x 2678 participants/mo x 12 = \$449,904 base funding)
- Discretionary funding provided for specific uses such as training, etc.
- Discretionary funds or reallocated funds may be requested later in the FFY, by the LA, for funds needed beyond the grant received
- Reallocations made during the year when/if additional funds become available

#### Provided by SA

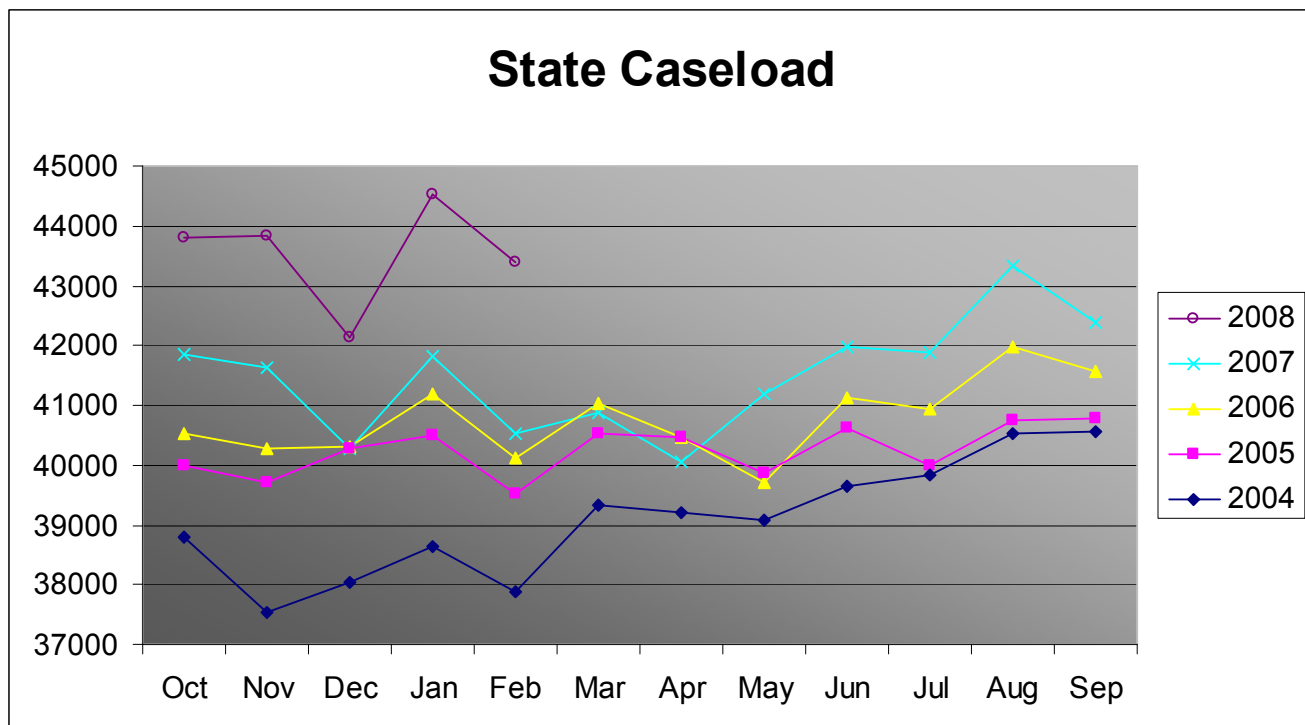
- Program Administration (planning, evaluation, TA, policy, etc.)
- Clinic forms
- Selection of educational materials
- Standard computer equipment
- Support for standard computer equipment
- Help desk support
- Training for all new staff (SA provides training at a training clinic site and will provide discretionary funds to cover LA costs for training new staff)

#### **5. What have you done recently or are planning to do in the near future to more efficiently serve additional participants? What has or hasn't worked?**

- Performance measures used to gauge quality, effectiveness, efficiency
- Quarterly training calls/updates with training coordinators & staff. Saves travel expenses and lost clinic time to travel
- CPA staff are trained to complete all CPA functions
- One larger urban LA using open access scheduling. No evaluation done, seems to work for this LA
- Small rural clinics held every other month (with approx. size of 50 participants). Saves travel expenses by 1/2. Extended clinic hours offered at those locations for more appointment options.
- Use of single clinic site (one clinic name/number) that meets in two different locations -- alternate the clinic locations between two small towns close by (about 20 miles). Keeps clinics in smaller, rural towns—result in fewer clinics but serve more towns
- One or two staff persons in clinics in small rural areas—offers multiple programs provided by limited staff (e.g. reproductive health, WIC, immunizations). Difficult to keep staff trained on all program rules, may not be efficient use of staff even with multiple programs sharing cost.
- For LAs with large geographic service areas—rather than travel from main office site to all satellite sites, set up staff teams who provide services in smaller geographic areas, establish a permanent satellite site for their home base—results in travel savings, staffing savings, more efficient use of staff, more clinic days/appointments available, increased participation
- SA/LA group working on best practice standards for certification & enrollment; will include method/tool to evaluate clinics/local agency's status and identification of changes and training needed to achieve best practices

#### **6. States participation rate - is the participation rate increasing?**

- Yes, participation is increasing by approximately 5%. The graph below shows annual participation trends. Each colored line represents a year, from 2004 through 2008.



**7. Does your state contribute any funding to the WIC program? Do local counties contribute funding to the WIC program?**

- The NE Legislature has annually appropriated \$16,760 to be provided to WIC local agencies to support the cost of voter registration. This amount has remained unchanged since the implementation of the Motor Voter Act.
- Local WIC agencies contribute various levels of in-kind funds to the WIC Program.

**8. What do you do with local agencies who continually receive poor monitoring visit reports?**

- Follow instructions in OMB Circulars, specifically, 7CFR Part 3016.12
  - Special grant or subgrant conditions for “high risk” grantees
  - May include additional monitoring, withholding payments, requiring additional TA, establishing additional prior approvals, etc.
  - Must notify subgrantee as early as possible, in writing
- Set out your award requirements up front, in terms and conditions, program requirements
- If a local WIC agency does not follow requirements, you may take further action, including:
  - Send a notice and cite the violations of the agreement
  - Impose special conditions per common rule or circulars
  - Disallow costs related to the violation
  - Suspend the award in whole or part
  - Terminate the award in whole or part
  - Debar the organization causing the violation

## 2007

